

SERFF Tracking Number: STAR-126580753 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 45432
Company Tracking Number:
TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: AD&D application
Project Name/Number: /02-005 AD&D APP (Rev 1-10)

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: AD&D application

SERFF Tr Num: STAR-126580753 State: Arkansas

TOI: H03I Individual Health - Accidental Death
& Dismemberment

SERFF Status: Closed-Approved- State Tr Num: 45432
Closed

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num:
Dismemberment

State Status: Approved-Closed

Filing Type: Form

Author: Belle Lucas

Reviewer(s): Rosalind Minor

Date Submitted: 04/15/2010

Disposition Date: 04/19/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: 02-005 AD&D APP (Rev 1-10)

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: Resubmission

Previous Filing Number: STAR-125907660

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/19/2010

Explanation for Other Group Market Type:

State Status Changed: 04/19/2010

Deemer Date:

Created By: Belle Lucas

Submitted By: Belle Lucas

Corresponding Filing Tracking Number:

Filing Description:

RE: STARMOUNT LIFE INSURANCE COMPANY, NAIC#68985

FORM NO. 02-005 AD&D APP (Rev. 01-10)

Dear Sir or Madam:

The attached application 02-005AD&D APP (Rev 01-10) will replace form number 02-005 AD&D APP (Rev 10-08)

<i>SERFF Tracking Number:</i>	<i>STAR-126580753</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starmount Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45432</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03I Individual Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03I.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>AD&D application</i>		
<i>Project Name/Number:</i>	<i>/02-005 AD&D APP (Rev 1-10)</i>		

approved on December 3, 2008. This form will be used with policy number 02-005 AR, approved on July 28, 2003. The changes made to the application are as follows:

1. Change of physical address of Starmount Life Insurance Company to 8485 Goodwood Boulevard, Baton Rouge, LA 70806-7878.
2. Removal of offer for \$1,000 Accidental Death Insurance. Replaced with "Your First Month is only \$1." Also added info concerning first month payment in the Billing section.
3. Addition of statement under listing for Relationship to Beneficiary for Main Insured and Spouse. Added "If Beneficiary is a minor, please include their date of birth."
4. Removal of Florida specific language from application. (Florida will have its' own state specific application.)
5. Removal of previous question # 5 –"Do you now or have you ever had an insurance policy with Starmount Life?"
6. Added "or your spouse" to question # 4 on application.
7. Added "Who is Eligible" statement to second page.

In addition to marketing by direct mail, this form will be placed on our website for applicants to complete. If you need any further information, you may call me at 1-225-400-9282 or bellel@starmountlife.com.

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist	bellel@starmountlife.com
P.O. Box 98100	225-926-2888 [Phone]
Baton Rouge, LA 70898	

Filing Company Information

Starmount Life Insurance Company	CoCode: 68985	State of Domicile: Louisiana
7800 Office Park Boulevard	Group Code: 68985	Company Type:
Baton Rouge, LA 70809	Group Name:	State ID Number:
(225) 926-2888 ext. [Phone]	FEIN Number: 72-0977315	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	100.00 per filing

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Company Tracking Number:
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Project Name/Number: */02-005 AD&D APP (Rev 1-10)*
Per Company: **No**

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	04/15/2010	35689978

SERFF Tracking Number:	STAR-126580753	State:	Arkansas
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Product Name:	AD&D application		
Project Name/Number:	/02-005 AD&D APP (Rev 1-10)		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/19/2010	04/19/2010

<i>SERFF Tracking Number:</i>	<i>STAR-126580753</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03I Individual Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03I.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>AD&D application</i>		
<i>Project Name/Number:</i>	<i>/02-005 AD&D APP (Rev 1-10)</i>		

Disposition

Disposition Date: 04/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>STAR-126580753</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 02-005 AD&D APP (Rev 1-10)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/19/2010	02-005 AD&D APP (Rev 1-10)	Application/ enrollment Form	application	Revised	Replaced Form #: 02-005 AD&D APP (Rev 10-08) Previous Filing #: STAR-125907660	59.900	02-005 AD&D APP (rev 01-10).pdf

ACCIDENT INSURANCE APPLICATION FORM

For Policy Form Nos. 02-005 & 02-005-TX

8485 Goodwood Boulevard, Baton Rouge, LA 70806-7878

YOUR FIRST MONTH IS ONLY \$1... See monthly premiums thereafter.

YES! ☐ Please enroll me for the Accidental Death & Dismemberment Protection

Choose one: ☐ \$50,000 for \$5.50/mo ☐ \$100,000 for \$11.00/mo ☐ \$150,000 for \$16.50/mo ☐ \$250,000 for \$27.50/mo

Choose one: ☐ Main Insured Only ☐ Family Plan

PLEASE COMPLETE THE FOLLOWING:

Main Insured: _____ Sex: ☐ M ☐ F Date of Birth _____ / _____ / _____

Address: _____ Phone: Home (_____) _____ (required)

City: _____ Work or Cell (_____) _____

State: _____ Zip: _____

Are you employed? ☐ Yes ☐ No Occupation (if self employed, explain) : _____
(if self employed, explain)

Beneficiary: _____ Relationship: _____
(if none listed, benefits will go to your estate) (If Beneficiary is a minor, please include their date of birth)

COMPLETE IF APPLYING FOR THE FAMILY PLAN:

Name of Spouse to whom you are married
(in CT, or have entered into a civil union): (if to be insured) _____

Sex: ☐ M ☐ F Date of Birth _____ / _____ / _____ Is spouse employed? ☐ Yes ☐ No

Occupation (if self employed, explain) : _____

Beneficiary: _____ Relationship: _____
(if none listed, benefits will go to your estate) (If Beneficiary is a minor, please include their date of birth)

Name(s), Age(s), Date(s) of Birth of your natural or legally (in CT, prospective) adopted unmarried Children, or Stepchildren, under age 25 if to be insured:

Name:	Age	Date of Birth	Name:	Age	Date of Birth
1. _____	_____	_____/_____/____	3. _____	_____	_____/_____/____
2. _____	_____	_____/_____/____	4. _____	_____	_____/_____/____

PLEASE ANSWER ALL QUESTIONS:

1. Have you, or anyone to be insured, ever been convicted of a felony? ☐ Yes ☐ No

2. (Question not applicable in CT & MD.) If you have had a life threatening accident in the last 2 years, are you still affected by it? ☐ Yes ☐ No

3 Do you have or are you applying for another accidental death or accidental death and dismemberment product with Starmount?
☐ Yes ☐ No

4. Will this replace any accident or sickness insurance you or your spouse currently own? ☐ Yes ☐ No

COMPLETE ALL BILLING INFORMATION: Enclose just \$1 for your first month's cost and check appropriate boxes below.

I WILL PAY: ☐ Every 12 Months ☐ Every 6 months ☐ Every 3 months

☐ I authorize Starmount Life to deduct future premium payments from my personal checking account. My voided check is enclosed.

☐ Charge payments to: ☐ Visa ☐ MasterCard Card #: _____ - _____ - _____ - _____ Exp. Date: ____/____/____

☐ Bill me direct. My first payment is enclosed.

I agree the answers will form part of the policy and they are complete and accurate (in MD and CT, to the best of my knowledge and belief). I understand no person can be protected by more than one of these or a like policy from Starmount Life, and that my accidental death protection will become effective when my approved policy is received by me and my payment is received by Starmount Life. I understand benefits are reduced by half for anyone age 75 or older. (See back of this page for exclusions.) Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. (See back of application for state specific fraud statements.)

Signature (Main Insured) _____

Date _____ / _____ / _____

Spouse Signature (If Applying) _____

Date _____ / _____ / _____

☐ Send _____ more applications for friends/relatives. ☐ Send information about low cost life insurance. (Not applicable in MD).

For information or answers to any questions, please call our

Toll-Free help hotline 1-888-729-5433

Monday-Friday 8:00 a.m. to 8:30 p.m.

Saturday 9 a.m. to 1 p.m. CST

Starmount Life Insurance Co.

The Starmount Building

8485 Goodwood Boulevard

Baton Rouge, LA 70806-7878

Who is Eligible-Adults age 18-74 and their spouses are eligible for coverage.

Here's what is not covered (not applicable in ME & TN).

Accidental Death Benefits are not paid if death results directly or indirectly from: **PLEASE SEE YOUR POLICY FOR EXCLUSIONS SPECIFIC TO YOUR STATE.**

Possible exclusions are : Suicide; Illness or disease; Medical or surgical treatment; Inhalation of poisonous gas; Riding in or descent from any kind of aircraft except as a fare-paying passenger in a regularly scheduled commercial aircraft operated by a licensed pilot; War; committing an assault, felony, participation in a riot or being engaged in an illegal occupation; Participation in sky or skin diving, auto or motorcycle racing, or hang gliding; Participation in full-time active duty or reserve duty for more than 30 days in any Armed Forces; injuries received while intoxicated or while under the influence of a controlled substance; Homicide, except for law enforcement officers receiving injuries while on duty; Bodily injury due to the act of another provoked by the insured; Injuries received from an accident that happened before this rider was in force.

FRAUD STATEMENTS:

OHIO: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of insurance fraud.

KANSAS AND OREGON: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

GEORGIA AND TEXAS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a felony.

ARKANSAS AND LOUISIANA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines and confinement in prison.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for life insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

NORTH CAROLINA: Any person who knowingly and with intent to injure defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a class H felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

MINNESOTA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a gross misdemeanor and subject to denial of coverage if applicant's false statements materially affect the acceptance of risk or hazard assumed by the insurer.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of crime and may be subject to fines and confinement in prison.

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/19/2010
Comments:			
Attachment:			
Readability-2010.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	04/19/2010
Bypass Reason:	N/A-this is a submission for the approval of a revised application. previous application 02-005 AD&D APP (Rev 10-08) was approved 12/3/08.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	04/19/2010
Bypass Reason:	No policy submitted. Just an updated version of a previously approved application.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	04/19/2010
Bypass Reason:	N/A- revised application submission only.		
Comments:			

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

FORM	WORDS	PARAGRAPHS	SENTENCES	SCORE
02-005 AD&D APP (Rev 01-10)	612	55	27	59.9

This is to certify that this policy form with the rider meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Jeffrey G. Wild
Secretary/Treasurer
Starmount Life Insurance Company

Date: 04/12/2009